

FOR OFFICE USE ONLY

APPLICATION



HMIS ID _____

APPLICANT NAME(S)	Social Security Number(s)	DSS Client ID Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Applicants Current Address: _____

Number of Household (HH) Members: _____ Adults _____ Children = _____ Total HH

Is Applicant CATEGORICALLY eligible (Check One) _____ Yes _____ No
_____ Literally Homeless _____ Victim of Domestic Violence

Is Applicant INCOME eligible (Check One of *)

	AMOUNT		AMOUNT
* _____ TFA	\$ _____	_____ SNAP	\$ _____
* _____ Refugee Cash Assistance	\$ _____	_____ SSI/SSDI	\$ _____
* _____ AABD (State Supp.)	\$ _____	_____ Child Support	\$ _____
* _____ SAGA	\$ _____	_____ Employment	\$ _____
* _____ Title XIX	\$ _____	_____ Social Security	\$ _____
* _____ Diversion	\$ _____	_____ Other	\$ _____

TOTAL Household INCOME \$ _____

Poverty Scale Limit for Total Household Members \$ _____

Total Monthly Income = \$ _____ **MUST NOT EXCEED 150% Federal Poverty level for household size**

Address of Intended NEW PERMANENT dwelling Unit:

Number and Street Apartment/Floor City/Town CT Zip Code

Occupancy Date: _____

Rent subsidized Yes No Section 8 RAP Co C Other

Authorizing Housing Authority _____ Tenant Portion of Rent \$ _____

RENT AFFORDABILITY

Total Rent/Month a. \$ _____
Household Monthly Income b. \$ _____
Household Monthly Income c. \$ _____ X 60% = d. \$ _____

If the amount in line d. is equal to or higher than the amount in line a. then the dwelling unit IS AFFORDABLE.

Can the Household Afford the Monthly Rent Payment(s) Yes No

Security Deposit Requested \$ _____ (applicants 62 and over are, by statute, not required to have a security deposit of more than one month's rent)

Security Deposit Approvable \$ _____ (equal to _____ month(s) rent)

HUT DATABASE VERIFICATION

HUT Social Security Number and Name Look-Up for Applicant Yes No
Previous Payments made Yes No Check Number _____ Date _____ Amount \$ _____

(If the applicant has received 2 payouts, they are no longer eligible for SDG)

Verified returned State Issued Security Deposit Amount \$ _____ Date _____

APPLICATION APPROVED _____

APPLICATION DENIED _____ Reason for Denial _____

I hereby certify that the information on this document and all statements made by me are true and correct to the best of my knowledge and belief. I authorize the Connecticut State Department of Housing (DOH), or its agents to disclose information for the purposes of administration of the Security Deposit Guarantee Program, make inquiries and receive any information or verification that may be necessary to confirm and validate the accuracy of the information provided.

I further shall hold harmless the State of Connecticut, DOH, and its agents against any liability claims that may be associated with the rental occupancy of any rental unit for which a security deposit is paid by said parties on my, or my household's behalf.

I agree to notify DOH or its agents, in writing, within ten (10) days of moving from the rental unit for which a security deposit has been guaranteed by DOH or its agents on my, or my household's behalf.

I understand that I have the right to request a desk review if I am dissatisfied with a decision concerning my application for a security deposit under this program. Requests for reviews must be made to the administering agency's designee within sixty (60) days of the decision.

APPLICANT SIGNATURE DATE APPLICANT SIGNATURE DATE

APPLICANT SIGNATURE DATE APPLICANT SIGNATURE DATE

Agency STAFF SIGNATURE PRINTED NAME DATE TELEPHONE NUMBER